

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 18.14
TITLE: ALCOHOLISM - PRIOR TO OCTOBER 1, 1995

AUTHORITY: 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(e)(4) and (h)

TRICARE POLICY MANUAL: Chapter 8, Section 21.1.

I. EFFECTIVE DATE

November 13, 1984

II. DESCRIPTION

A. Coverage for alcoholism, also referred to as substance abuse, includes detoxification and rehabilitation. Inpatient days for substance abuse coverage count toward the legislative

B. limit for mental health care. Days of partial hospitalization count toward the 60-day partial hospitalization limit, but not against the inpatient mental health day limit.

III. POLICY

A. CHAMPVA will cover emergency and inpatient hospital care for complications of substance abuse and detoxification just as for any other medical condition. For substance abuse benefits received on or after October 1, 1995, (see [Chapter 2, Section 18.15](#), *Substance Use Disorder Rehabilitation Facilities - General*).

B. CHAMPVA benefits may also be extended for rehabilitation provided in a hospital or an authorized substance use disorder rehabilitation facility (see [Chapter 2, Section 18.15](#), *Substance Use Disorder Rehabilitation Facilities - General*).

C. Substance abuse inpatient care, including detoxification and rehabilitation services, is subject to the statutory requirement for preauthorization and to the inpatient day limit for mental health care. Partial hospitalization days for alcohol rehabilitation count toward the 60-day partial hospitalization limit. The 21-day limit for rehabilitation is an absolute limit.

D. CHAMPVA will cost-share Antabuse® in the treatment of alcoholism.

IV. POLICY CONSIDERATIONS

A. Coverage limitations. The extent of coverage in each benefit period is limited to rehabilitation as described below (either inpatient or partial hospitalization), 60 visits for outpatient treatment and 15 visits for family therapy.

1. Detoxification.

a. Prior to October 1, 1988. Generally, stays for detoxification should not exceed 7 days. If the detoxification is in an inpatient hospital facility and the stay goes beyond 7 days, the claim should be reviewed for medical necessity. Stays for detoxification in an alcohol rehabilitation facility are covered up to a maximum of 7 days.

b. Admissions occurring on or after October 1, 1988. There is no limit on the length of detoxification stays in hospitals subject to the CHAMPVA DRG-based payment system. However, if the detoxification stay goes beyond the long-stay outlier cutoff, the claim should be reviewed for medical necessity. Stays for detoxification in an alcohol rehabilitation facility are covered up to maximum of 7 days.

c. Admissions occurring on or after October 1, 1991, to all facilities (includes DRG and non-DRG facilities). Stays for detoxification are covered if preauthorized as medically/psychologically necessary. Days of detoxification must be counted toward the new statutory day limit which goes into effect October 1, 1991, limiting care for adults (age 19 and over) to 30 days in a fiscal year or 30 days in an admission and to 45 days for children (age 18 and under).

2. Rehabilitation. Rehabilitation stays are subject to a limit of 3 benefit periods in a lifetime.

a. Prior to October 1, 1988. Coverage in each benefit period is limited to 21 days of rehabilitation (either inpatient or partial hospitalization).

b. Admissions occurring on or after October 1, 1988. Benefits are the same as prior to October 1 except that inpatient stays in hospitals subject to the CHAMPVA DRG-based payment system (classified into DRG 436 or 437) are limited to one admission per benefit period. However, if a claim subject to DRG-based payment is classified into DRG 433 (Alcohol/drug abuse or dependence, left AMA) it shall not be subject to the limit of one admission per benefit period. In addition, since there is no limit on medically necessary detoxification stays, if a claim is received for rehabilitation including detoxification, and the rehabilitation cannot be covered because the limit has been reached, CHAMPVA shall deny the claim and use a message which informs the provider and/or beneficiary that a separate claim for the detoxification services can be submitted.

c. Admissions occurring on or after October 1, 1991. Preadmission and continued stay authorization is required for substance abuse detoxification and rehabilitation. The provisions for preauthorization requirements also apply to admissions to substance use disorder rehabilitation facilities for substance abuse detoxification and rehabilitation (see [Chapter 2, Section 18.17.2](#), *Preauthorization for Residential Treatment Center Care*). Rehabilitation stays are covered if preauthorized as medically/psychologically necessary. Days of rehabilitation must be counted toward the new statutory day limit, restricting care for adults (age 19 and over) to 30 days in a fiscal year or 30 days in an admission and to 45 days for children (aged 18 and under). The concept of an emergency admission does not apply to rehabilitative care. (Effective for admissions on or after October 1, 1995, the Department of Defense Final Rule published March 7, 1995, equalized the benefit provisions for alcoholism and drug dependency/abuse.)

B. Repeated admissions for detoxification. Although there is no absolute limit on the number of admissions for detoxification, repeated admissions should be closely monitored to ensure that the inpatient level of care is medically required and to rule out domiciliary type care. These days, in addition to inpatient rehabilitation treatment days, must be counted toward the statutory mental health inpatient limit.

C. Partial hospitalization. Rehabilitative care is covered in a partial hospitalization setting when preauthorized and when the program meets the requirements outlined for a substance use disorder rehabilitation facility (see [Chapter 2, Section 18.15](#), *Substance Use Disorder Rehabilitation Facilities-General*). Coverage is limited to no more than 21 days in a benefit period. (NOTE: The beneficiary may have either 21 days of rehabilitation on an inpatient basis or 21 days of rehabilitation in a partial hospitalization setting, or a combination of both, as long as the 21-day limit for the total rehabilitation period is not exceeded.) As of September 29, 1993, partial hospitalization is subject to inpatient cost-sharing provisions. Partial hospitalization for substance abuse rehabilitation prior to September 29, 1993, is to be cost-shared on an outpatient basis. Partial hospitalization for alcohol rehabilitation counts toward the 60-day psychiatric partial hospitalization limit but not the 30/45 day acute psychiatric inpatient limit.

D. Payment responsibility. Providers may not hold patients liable for services for which CHAMPVA payment is disallowed due to the provider's failure to follow established procedures for preadmission and continued stay authorization. With respect to such services, providers may not seek payment from the patient or the patient's family, unless the patient has agreed to personally pay for the services knowing the CHAMPVA payment would not be made.

E. Benefit period. A benefit period begins with the first day of substance abuse rehabilitation treatment, whether inpatient or partial, and ends 365 days later, regardless of the total services actually used within the benefit period. The benefit period does not begin with the detoxification episode. Unused benefits cannot be carried over to subsequent benefit periods.

F. Substance abuse counselors. Services may be provided by substance abuse counselors when rendered by a CHAMPVA-authorized facility and when the cost of the services is included in the facility's CHAMPVA-determined allowable cost rate.

G. Confidentiality. The Privacy Act of 1974 provides general rules regarding confidentiality in connection with a drug abuse, alcoholism or alcohol abuse program.

V. EXCEPTIONS

A. Aversion therapy. The programmed use of physical measures, such as electric shock, alcohol or other drugs (except Antabuse®) as negative reinforcement is not covered, even if recommended by a physician. All professional and institutional charges associated with a rehabilitation treatment program that uses aversion therapy must also be denied. Itemized billings will be requested for those facilities that are known to utilize aversion therapy and are currently reimbursed on an all-inclusive rate. This step is necessary to ensure program payment is not inadvertently being made for aversion therapy.

B. Domiciliary settings. Domiciliary facilities, generally referred to as halfway or quarter way houses, are not authorized providers. Charges for services provided by these facilities are not covered.

C. Substance Use Disorders, other than alcoholism, are not subject to the 21 day limit, but are reimbursed under the inpatient mental health guidelines/day limits. However, if a case involves both substance use disorder and other DSM IV-R diagnosis, the 21 day limit would apply if the patient was admitted to a DRG-exempt substance use disorder unit.

END OF POLICY